

STATE OF WISCONSIN  
DEPARTMENT OF WORKFORCE DEVELOPMENT  
Division of Workforce Solutions

**Affidavit of Fair Competition for Subcontracts**  
(Required)

**Please Print or Type in all Spaces except Signature.**

Agency Name	Contract Period
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In signing this form we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free trade; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that the above statement is accurate under penalty of perjury.

In signing this form we also certify that no relationship exists between our agency and the subcontractor that interferes with fair competition or is a conflict of interest, and no relationship exists between our agency and another person or organization that constitutes a conflict of interest with respect to the subcontract.

We will comply with all terms and conditions, including the Department's Policies and Procedures, and the terms of our contract.

Agency Director Name or Designee (If designee, attach Designee Authorization)	
Signature	Date of Signature